

and medieval medical literature of India, of which this work is an excellent example. Translated and studied by the Arabians in the days of Harun and Mansur (A. D. 775), Charaka bears internal evidence that it is of a much more ancient date. Whether a commentary upon a work of an earlier time, and one that has been entirely lost, or of an independent origin, it is to-day a most comprehensive treatise upon disease and the general conditions of health, written in an inimitable style and containing many aphorisms of striking truth and wonderful beauty. "The physician conversant with the right application of medicines occupies a place above that of persons conversant with the mere properties of drugs." "Well applied, a virulent poison even may become an excellent medicine, while a medicine misapplied becomes a virulent poison." "That is the right medicine which can cure, and he is the best of physicians who brings about recovery." There are many instances of words of pregnant wisdom, unsurpassed in brevity and deeply philosophical. It is almost with such a feeling as one experiences who gazes upon the sculptured ruins of a bygone civilization, that we read the records of intelligent empiricism and the results of incisive logic. The ancient people of India, the most philosophic branch of the Aryan race which has given to the world its literature and science, have made contributions to medicine that to-day are recognized as some of the highest and latest discoveries of hygiene, and it is not unlikely that this translation may bring about changes in the modern systems of treating disease. Without instruments of precision; physiology and chemistry, as we apprehend them to-day, unknown, we cannot but be lost in amazement and admiration when we read the results of their industry, patience, and learning. We need not consider that all that is of real importance in therapeutics can have its history limited to the past three centuries, for nearly every page presents drugs well known in modern materia medica. As examples: *rishabhi*, *mucuna pruriens*; *chandana*, *pterocarpus santalinus*; and of remedies which the journals designate as new we find *vidanga*, *embellia ribes*; and *jambu*, *syzygium jambolanum*. The graceful diction, and the excellence of the translation, are indeed worthy of commendation.

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ESSENTIALS OF DIAGNOSIS. By SOLOMON SOLIS-COHEN, M.D., Professor of Clinical Medicine and Applied Therapeutics in the Philadelphia Polyclinic; One of the Physicians to the Philadelphia Hospital; and AUGUSTUS A. ESHNER, M.D., Instructor in Clinical Medicine in the Jefferson Medical College and in the Philadelphia Polyclinic, Registrar in the Neurological Department of the Philadelphia Hospital. Pp. xvi., 359. Philadelphia: W. B. Saunders, 1892.

THIS work, arranged in the form of questions and answers, and intended especially for students of medicine, should have a wider field of usefulness. Concise in the treatment of the subject, terse in expression of fact, cleanly-cut in statement, it presents to the student the essentials of diagnosis in a form which will aid their acquisition as a part of his medical knowledge. The brevity of each answer will appeal to

the practitioner who may need to refresh his memory or to formulate in his mind a modern and accurate definition. While the book is designed to facilitate true methods of study, and, as the authors modestly state, is an outline to be filled in from observation and reading, we believe that the student who has faithfully studied this compend has done more than to lay the foundation—he has reared a substantial superstructure of diagnostic knowledge. The work is reliable and represents the accepted views of the clinicians of to-day. The statement as to the means of distinguishing membranous croup from diphtheria, that “until the physician acquires sufficient experience to warrant a personal opinion, he had best consider all cases of membranous croup diphtheritic,” is undoubtedly true, but it will hardly be accepted as an answer to the question. With few exceptions, we believe that the student will in every instance find this work helpful and of very great value.

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RECHERCHES, CLINIQUES ET THÉRAPEUTIQUES, SUR L'ÉPILEPSIE, L'HYSTÉRIE ET L'IDIOTIE. Compte-rendu du Service des Enfants, Idiots, Épileptiques et Arriérés de Bicêtre pendant l'Année 1890. Par BOURNEVILLE. Paris: Publication du Progrès Médical, 1891.

CLINICAL AND THERAPEUTIC RESEARCHES UPON EPILEPSY, HYSTERIA AND IDIOCY. By BOURNEVILLE.

THE book before us consists of a detailed report of the institution of Bicêtre for idiots, epileptics, and feeble-minded children, for the year 1890. In it is also embodied a report on the “Fondation Vallée” (the Vallée endowment).

The volume is divided into three parts. The first deals with the general details of the hospital service and with the instruction of the children. The instruction is of two kinds: *primary* and *professional*. For the purposes of primary instruction the children are classified as follows:

1. Idiot children, incontinent, epileptic or not, but who are physically feeble (invalides).
2. Idiot children, incontinent or not, epileptic or not, but physically strong.
3. Children who are well, but imbecile, feeble-minded, epileptic and hysterical or not.

The first group is divided into two categories: The first comprises those idiots who are incontinent, who neither talk nor walk, but who are, for the most part, susceptible of amelioration. They are taught to stand by the aid of parallel bars, and to walk either by holding them under the arms, or by the aid of a carriage. Their limbs are strengthened by alternately flexing and extending them, and by stimulating friction. When they are able to walk they are sent to the “petite école;” at first, and for some time, during the morning, and later for the whole day, as their strength permits. The second category comprises those idiots who are altogether incurable and those epileptic children who have become incontinent and demented as a result of their attacks. They are, as a rule, merely the object of hygienic care.